Fill in this information to identify your case:					
Debtor 1	Kimberly Anne First Name	Benson Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States Bankruptcy Court for the:		NORTHERN DISTRIC	T OF OHIO		
Case number	20-61209				

■ Check if this is an amended filing

page 1 of 2

Official Form 106Sum

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Par	t 1: Summarize Your Assets		
		Your a	assets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	13,970.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	13,970.00
⊃ar	t 2: Summarize Your Liabilities		
			iabilities nt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	7,400.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	500.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	31,391.00
	Your total liabilities	\$	39,291.00
Par	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	5,912.03
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	5,330.00
Par	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ır other sc	hedules.
7.	■ Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	a personal	, family, or

Summary of Your Assets and Liabilities and Certain Statistical Information

the court with your other schedules.

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$____8,106.24

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total	claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	500.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	16,854.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	17,354.00

Fill in this information to identify your case:	
Debtor 1 Kimberly Anne Benson	
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the: NORTHERN DISTRIC	OF OHIO
Case number 20-61209	Check if this is:
(If known)	■ An amended filing
	A supplement showing postpetition chapter 13 income as of the following date:
Official Form 106I	MM / DD/ YYYY
Schedule I: Your Income	12/15
supplying correct information. If you are married and not filing spouse. If you are separated and your spouse is not filing with	e are filing together (Debtor 1 and Debtor 2), both are equally responsible for jointly, and your spouse is living with you, include information about your you, do not include information about your spouse. If more space is needed, hal pages, write your name and case number (if known). Answer every question
Fill in your employment	

Debtor 1

RN

Center

Employment status

Employer's name

Employer's address

How long employed there?

Occupation

■ Employed

□ Not employed

Altercare Of Bucyrus

since October 2021

1929 Whetstone St Bucyrus, OH 44820 Debtor 2 or non-filing spouse

□ Employed

☐ Not employed

Part 2: Give Details About Monthly Income

information.

employers.

If you have more than one job,

Include part-time, seasonal, or

Occupation may include student

or homemaker, if it applies.

self-employed work.

attach a separate page with

information about additional

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filling spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 5,360.04 \$ N/A

3. Estimate and list monthly overtime pay.

3. +\$ 2,229.20 +\$ N/A

4. Calculate gross Income. Add line 2 + line 3.

Official Form 106l Schedule I: Your Income page 1

Case number (if known) 20-61209

				For	Debtor 1		btor 2 or ng spouse
	Copy	y line 4 here	4.	\$	7,589.24	\$	N/A
5.	List	all payroll deductions:					
	5a. 5b. 5c. 5d. 5e. 5f. 5g.	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance Domestic support obligations Union dues	5a. 5b. 5c. 5d. 5e. 5f. 5g.	\$ \$ \$ \$ \$ \$ \$ \$ \$	1,730.83 0.00 0.00 0.00 248.10 0.00 0.00	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$	N/A N/A N/A N/A N/A N/A
	5h.	Other deductions. Specify: Contribution: In Jerry's Footsteps	5h.+	\$	10.00	+ \$	N/A
		Sontique Identity Theft In Jerry's Footsteps Sontiq Identity Theft		\$ \$ \$	4.14 10.00 4.14	\$ \$ \$	N/A N/A N/A
6. -		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$ _	2,007.21	\$	N/A
7. 8.	List : 8a.	ulate total monthly take-home pay. Subtract line 6 from line 4. all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends	7. 8a. 8b.	\$_ \$_ \$_	0.00	\$ \$	N/A N/A N/A
	8d. 8e. 8f.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.	8c. 8d. 8e.	\$_ \$_ \$_	0.00 0.00 0.00	\$ \$	N/A N/A N/A
	0.0	Specify: Pension or retirement income	_ 8f.	\$_ \$	0.00	\$	N/A N/A
	8g. 8h.	Other monthly income. Specify: Mother's contribution to household income	8g. 8h.+	· —	330.00	+ \$	N/A
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	330.00	\$	N/A
10.		ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$	5,	912.03 + \$	N	J/A = \$ 5,912.03
11.	Inclu- other	e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your refriends or relatives. ot include any amounts already included in lines 2-10 or amounts that are not cify:	depen	-		ted in Sche	edule J. 11. +\$ 0.00
12.		the amount in the last column of line 10 to the amount in line 11. The reset hat amount on the Summary of Schedules and Statistical Summary of Certaines				a, if it	12. \$ 5,912.03 Combined
13.	Do y □	ou expect an increase or decrease within the year after you file this form No. Yes. Explain: Child support will cease May 2022.	?				monthly income

Official Form 106l Schedule I: Your Income page 2

Fill i	n this information	on to identify yo	ur case:					
Debt	or 1	Kimberly A	nne Ber	ison		Chec	ck if this is:	
Debt	or 2						An amended filing	uing pootpotition chapter
	use, if filing)						13 expenses as of	ving postpetition chapter the following date:
Unite	ed States Bankrup	otcy Court for the:	NORTH	IERN DISTRICT OF OHIC)	-	MM / DD / YYYY	
Casa	number 20-	-61209						
	iown)	01209						
Of	ficial For	m 106J						
		J: Your I	 Exper	ises				12/1
Be a	as complete an	nd accurate as	possible. eded, atta	If two married people ar ch another sheet to this				
Part 1.	1: Describ	e Your House case?	hold					
	■ No. Go to li □ Yes. Does □ No	ne 2. Debtor 2 live i	·	ate household? al Form 106J-2, <i>Expens</i> es	s for Separate Housek	old of Deb	tor 2	
2.	Do you have			ari omi 1000-2, <i>Expenses</i>	Tor Separate Houser	ioid of Deb	101 2.	
	Do not list Deb Debtor 2.	-	Yes.	Fill out this information for each dependent	Dependent's relation		Dependent's age	Does dependent live with you?
	Do not state th	ne						□ No
	dependents na	ames.			Grandson		10	Yes
					Grandson		13	□ No ■ Yes
					Grandson			■ res □ No
					Son		18	■ Yes
								□ No
					Disabled dau	ghter	_ 34	Yes
					disabled mot memory issue		76	□ No ■ Yes
3.	yourself and	people other the your depender	nan nts?	No Yes				
expe	mate your exp		ur bankr	y Expenses uptcy filing date unless y y is filed. If this is a supp				
the		assistance and		government assistance i luded it on <i>Schedule I:</i> \			Your exp	enses
4.		home ownersl any rent for the		ses for your residence. I r lot.	nclude first mortgage	4. \$	S	660.00
	If not include	d in line 4:						
	4a. Real est	tate taxes				4a. \$	3	0.00
		, homeowner's				4b. \$	S	30.00
		naintenance, re wner's associati		ıpkeep expenses dominium dues		4c. \$ 4d. \$		200.00
5.				our residence, such as ho	me equity loans	5. \$		0.00

Fill in this information to identify your case:					
Debtor 1	Kimberly Anne First Name	Benson Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	inkruptcy Court for the:	NORTHERN DISTRICT	OF OHIO		
Case number (if known)	20-61209				

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

	Sign Below	
Die	d you pay or agree to pay someone who is NOT an a	orney to help you fill out bankruptcy forms?
	No	
	Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
	der penalty of perjury, I declare that I have read the it they are true and correct.	Immary and schedules filed with this declaration and
X	/s/ Kimberly Anne Benson	x
	Kimberly Anne Benson Signature of Debtor 1	Signature of Debtor 2
	Date July 18, 2022	Date

Official Form 106Dec

Declaration About an Individual Debtor's Schedules